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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	OR	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/588,627	·		Laura L. Eggink			04-997-US	5094
APPLN. TYPE	: IMMUNOSTIMULAT	ISSUE FEE DUE	PUBLICATION FEE DU		e eee T	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	31 22	\$1055	09/09/2011
			·			<b>\$1033</b>	07/07/2011
EXAMINER  SAOUD CURISTINE I		ART UNIT	CLASS-SUBCLASS				
SAOUD, CHRISTINE J 1647  Change of correspondence address or indication of "Fee Address" (37)			514-021600	e patent front page, lis			
FR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or	type)			_
PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG	h in 37 CFR 3.11. Comp	fied below, no assignee letion of this form is NO	data will appear on the T a substitute for filing: (B) RESIDENCE: (Cl	nn assignment.			cument has been filed for
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			Phoenix, Ar				
lease check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🖵 Co	orporatio	on or other private grou	ap entity 🛚 Government
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